

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 10-14-05

2 Serial/Patent # 10-510,928

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT



Filing

1

7/8/04

\$ 80

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT  
OF REFUND

\$ 80

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

06--0243

10 REASON:



Overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A. Johnson

TITLE: paralegal

SIGNATURE: A. Johnson

PHONE: 308-9140

OFFICE: PCT

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THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: